

INSTRUCTIONS FOR COMPLETING  
the  
Report of Injury/Illness Or Accident

**General Information**

The supervisor of the employee or operation involved must complete this report for all injury/illness or property damage accidents regardless of the extent of injury/illness or amount of damage. The Heartland Region Property Management Enterprise, Facilities Management Branch / Maintenance and Environment Section (6PMF-M) is available for assistance (TEL: 816-926-5318). Information forwarded to the Office of Workers' Compensation Programs (OWCP) on a CA-1 or CA-2 must not differ from information provided in the "Report of Injury/Illness or Accident."

The first-line supervisor is to complete this report within 24 hours of the date of the accident, the diagnosis of illness, or the date they were notified of the situation. The next-level supervisor must verify all information on the report and forward the report to 6PMF-M within three (3) calendar days of the accident.

**Determining Reportable Accidents**

A "Report of Injury/Illness or Accident" must be completed when the situation covers any of the following kinds of injuries, illnesses, or damages:

1. All on-the-job traumatic injuries to GSA employees regardless of whether the employee elects to file a Form CA-1 (Federal Employee Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation) or a Form CA-6 (Official Superior's Report of Employee's Death) is submitted to OWCP, and regardless of whether or not the OWCP claim is controverted. A "traumatic injury" is an injury where the specific date and time of occurrence can be identified. If the injury occurs over a period of time, such as for carpal tunnel disorders or dermatitis, it is classified as an "occupational injury."
2. All occupational illnesses/injuries, if a CA-2 or CA-6 is submitted to OWCP. NOTE: The accident report will be held in 6PMF-M until OWCP has adjudicated the case. If the case is accepted at OWCP, the report will be recorded into the data base and on the accident log as a reportable case.
3. All motor vehicle accidents.
4. Property damage of \$5,000 or more.
5. Fire damage of \$1,000 or more.
6. Non-intentional releases of hazardous chemicals in quantities greater than or equal to 5 gallons.

**Multiple Persons Accidents**


When more than one person is involved as a result of the accident, complete a separate report for each individual. Complete all items for the first person, including the narrative. For additional persons involved, complete only items pertaining to the additional persons. Attach the additional reports to the original, forwarding them together.

**Adjustment and Deletions**

Whenever there is a change in status, or if an error is discovered in a previously-filed "Report of Injury/Illness or Accident," send a copy of the updated report, along with a written explanation and all documents supporting the amendment/deletion, to 6PMF-M for action. This should be completed within 3 calendar days of discovering an adjustment is needed.

Block	Information	Coding Instructions
3	Result of Accident	Enter the code from the following that best describes the result of the accident. 1. Personal injury      2. Property damage      3. Personal injury & Property damage
13	Weather	Enter the code from the following that best describes the weather at the accident scene. 1. Clear      3. Rain      5. Fog      7. Weather, other (Explain in Narrative) 2. Cloudy      4. Snow      6. Sleet      8. Not Applicable (Occurred Indoors)
14	Lighting	Enter the code from the following that best describes the type of light in which the accident occurred. 1. Dawn      3. Lighted or illuminated      5. Daylight - clear      7. Dusk 2. Dark and unlighted      4. Light provided but out      6. Daylight - overcast
15	Surface	Enter the code from the following list that best describes the type of surface on which the accident occurred. 1. Concrete      3. Brick/Stone      5. Dirt      7. Wood      9. Sand      11. Carpet 2. Blacktop      4. Gravel      6. Tile      8. Metal      10. Grass      12. Other (Describe)
16	Surface Conditions	Enter the code from the following that best describes the surface conditions on which the accident occurred 1. Dry      3. Muddy      5. Oily or Slick      7. Uneven or Potholes      9. Other (Explain in Narrative) 2. Wet      4. Snow      6. Icy      8. Loose Sand or Dirt
17	Class	Enter the code from the following that best describes the surroundings at the accident scene. 1. Motor Vehicle      3. Assembly / Meeting Area      5. Storage / Warehouse      7. Hallway / Lobby 2. Office Space      4. Building Maintenance Area      6. Exterior Grounds      8. Other
18	Hazardous Situation Directly Related To Accident/ Illness Or Damage	Enter the code from the following list that best describes hazardous conditions, in your opinion, which directly related to the accident/illness or damage: 1. Inadequate aisle or working area      10. Inadequately guarded equipment      20. Faulty or no job training 2. Absence of or inadequate working or maintenance platform      11. Improper or insufficient lighting      21. Improperly loaded equipment 3. Poor housekeeping, congested or blocked area      12. Absence of or faulty handrails on steps or ramps      22. Lack of job procedures or safety rules 4. Dangerous arrangement of loading or unloading areas      13. Absence of or faulty steps or stairs      23. Improper assignment of personnel or lack of knowledge or skill 5. Sight obstruction      14. Animals or insects      24. Excessive noise 6. Excessive wax on floor      15. Lack of Personal Protective Equipment (PPE) 7. Standing ice, water or other liquids      16. Inappropriate clothing      98. Other hazardous situation (Explain in narrative) 8. Uneven walking surface      17. Improper ventilation      99. No hazardous situation identified 9. Not enough or faulty electrical outlets; no GFCI      18. Lack of or confusing warning labels      19. Unsafe operational methods
21	Personnel Status	Enter the most appropriate code from the list that best describes the status of the involved person. 1. GSA Employee      3. Contractor/Consultant      5. Visitor 2. Federal Employee (non-GSA)      4. Day Care Center Child      6. Other (Explain in Narrative)
30	Contributing Unsafe Personal Factor	If any of the following situations contributed to the accident, enter the corresponding code. If more than one apply, enter the one most responsible for the accident (Explain in Narrative). 1. Inattention to surroundings or job      4. Using alcoholic beverage(s) or drugs (prescription or illegal)      7. Fatigue 2. Failure to comply with rules or standard operating procedures      5. Horseplay      98. Other Unsafe Personal Factor 3. Operating without authority      6. Failure to use prescribed equipment      99. No Unsafe Personal Factor
31	Contributing Unsafe Practice	Enter the code that best describes the unsafe practice that was most responsible for the accident and/or injury (Explain in Narrative). 1. Safety devices/guards removed or jury-rigged      6. Improper use of equipment or materials      12. Failure to correct known or recognized hazard 2. Adjusting or cleaning equipment while in operation; Lockout/Tagout not used      7. Improper lifting      13. Failure to communicate known or recognized hazard 3. Hasten and/or taking shortcuts      8. Unsafe carrying, loading, stacking      14. Failure to consult Material Safety Data Sheet (MSDS) 4. Using defective equipment      9. Throwing materials instead of carrying or passing      98. Other unsafe practice 5. Not using prescribed Personal Protective Equipment (PPE)      10. Pulling instead of pushing      99. No Unsafe Practice 11. Inattention or distraction
32	Health Condition	FOR GSA REGIONAL SAFETY OFFICE USE ONLY
33	Injury/Illness Extent	FOR GSA REGIONAL SAFETY OFFICE USE ONLY
34	Source Of Actual Injury Or Damage	FOR GSA REGIONAL SAFETY OFFICE USE ONLY
35	Type Of Actual Injury Or Damage	FOR GSA REGIONAL SAFETY OFFICE USE ONLY
36	Major Body Part Affected	FOR GSA REGIONAL SAFETY OFFICE USE ONLY



<b>REPORT OF INJURY/ILLNESS OR ACCIDENT</b>				<b>PAGE 1</b>	
1. TYPE OF REPORT: <input type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED		2. FOR SAFETY OFFICE USE ONLY			
		(Control Number)		(Date Received)	
3. RESULT OF ACCIDENT	4. DATE OF OCCURRENCE (MMM/DD/YYYY)	5. TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM	6. DAY OF WEEK <input type="checkbox"/> Mon (1) <input type="checkbox"/> Thu (4) <input type="checkbox"/> Tue (2) <input type="checkbox"/> Fri (5) <input type="checkbox"/> Wed (3) <input type="checkbox"/> Sat (6) <input type="checkbox"/> Sun (7)		
7. TORT CLAIM POSSIBLE? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)	8. FIRE INVOLVED? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "Yes," complete & attach a Fire Incident Report (GSA Form 52).		9. HAZARDOUS CHEMICALS INVOLVED? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "Yes," attach a copy of the Material Safety Data Sheet(s) of those chemicals involved.		
10. IF PROPERTY DAMAGE WAS INVOLVED, WAS IT IN EXCESS OF \$100,000? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> N/A, No Property Damage (3)					
11. MOTOR VEHICLE INVOLVED? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "Yes," complete and attach a Traffic Incident Report (GSA Form 91 & 91A).					

### ACCIDENT LOCATION AND CONDITIONS

12. EXACT LOCATION WHERE ACCIDENT OCCURRED (Provide Room Number, Column Number, Building Number/Name, Street Address, City, and State; street address/intersection if on roadway):				
13. WEATHER	14. LIGHTING	15. SURFACE	17. SURFACE CONDITIONS	17. CLASS
18. HAZARDOUS SITUATION(S) DIRECTLY RELATED TO ACCIDENT, ILLNESS, OR DAMAGE (NOTE: More than 1 code may be entered)				
			a.	b.

### PERSON INVOLVED SECTION (Use Separate Forms for Additional Persons Involved)

19. NAME (Last, First, Middle)		20. SOCIAL SECURITY NUMBER	21. PERSONNEL STATUS	22. TELEPHONE NUMBER
23. SEX <input type="checkbox"/> Female (1) <input type="checkbox"/> Male (2)	24. AGE (At Last Birthday)		25. OCCUPATION CODE (e.g., GS-0018, WG-0749, etc)	
26. HAS AFFECTED EMPLOYEE FILED OWCP Form(s) CA-1\2? <input type="checkbox"/> Yes (1) If "Yes," attach a copy. (This question pertains only to GSA employees) <input type="checkbox"/> No (2) If "NO," explain in "Narrative" on reverse.				
27. DESCRIPTION OF ACTIVITY/WORK BEING PERFORMED AT TIME OF INJURY/ILLNESS				
28. HAD THE AFFECTED PERSON BEEN PREVIOUSLY TRAINED IN THE TASK DESCRIBED IN BLOCK 26? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "NO," explain in "Narrative" <input type="checkbox"/> N/A (3)				
29a. WAS PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIRED FOR THE TASK DESCRIBED IN BLOCK 27? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "NO," explain in "Narrative"		29b. IF 29a IS "YES" WAS THIS PPE USED AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If "NO," explain in "Narrative"		
30. CONTRIBUTING UNSAFE PERSONAL FACTOR	31. CONTRIBUTING UNSAFE PRACTICE		32. HEALTH CONDITION	
33. INJURY/ILLNESS EXTENT	34. INJURY/ILLNESS SOURCE	35. TYPE	36. BODY PART AFFECTED	

Continued On Reverse

**REPORT OF  
INJURY/ILLNESS OR ACCIDENT (Cont.)**

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**37. NARRATIVE.** Provide in the space below a narrative description of:

(a) What Happened?

(b) Why Did it Happen?

(c) How Did it Happen?

(d) Any additional comments you feel should be included. Attach Additional Sheets if Necessary.

**38. PREVENTIVE/CORRECTIVE ACTIONS:** ☐ Recommended ☐ Planned ☐ Completed  
Describe in detail (Attach Additional Sheets if Necessary):

**39. FIRST-LINE SUPERVISOR'S PRINTED NAME, SIGNATURE, TITLE, & PHONE NUMBER :**  
(This block to be filled out by the first-line supervisor of the person identified in Block #19 on front of this report)

Date

**40. NEXT-LEVEL SUPERVISOR'S PRINTED NAME, SIGNATURE, TITLE, & PHONE NUMBER:**

Date

**DIRECTIONS:** This report to be completed within 24 hours of the accident/injury or onset of illness. Upon completion and supervisor review, forward *original* to the GSA Regional Safety Office (6PMF-M) within 3 working days; a copy should accompany OWCP Form CA-1/2 to the Personnel Office, with a third copy to be maintained in your office files.

**GSA REGIONAL SAFETY OFFICE USE ONLY BELOW THIS LINE**

**41. EVALUATION COMMENTS:**

**42. PRINTED NAME & SIGNATURE OF REGIONAL SAFETY OFFICE REVIEWER:**

Date